this virus of the atom has bred greed to go along with our arrogance of power, so that we believe in our concept of never-ending growth, as if we ourselves have become a cancer on the planet.

Where are the statesmen who would have the courage to say: Let us now pause. Let us be humble before nature. Let us be silent for a moment and let us listen. Perhaps we will be able to hear the voices of generations yet unborn, thanking us for our wisdom, expressing their gratitude to us for pausing a while, for having the courage to admit that we are lost on a dark and dangerous trail, and for having the good sense to be cautious.

Let us recall the words from the Russell-Einstein Manifesto, read by Bertrand Russell on July 9, 1955:

> There lies before us, if we choose, continual progress and happiness, knowledge, and wisdom. Shall we, instead, choose death, because we cannot forget our quarrels? We appeal, as human beings, to human beings: remember your humanity, and forget the rest. If you do so, the way lies open to a new Paradise; if you cannot, there lies before you the risk of universal death.

Let us remember our humanity, and forget the rest.

How little we will lose, and for such a short time, if we would just pause. But by not attending to the cancer of growth and more growth, very soon we stand to lose everything in a final firestorm. Whose roots will we then have been?

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Patient Care Audits

TO THE EDITOR: The letter of Thomas Wynn in the May issue (Patient Care Audits Not Cost Effective) raises an excellent point concerning patient care audits.

For these audits to be effective, either as a teaching aid or in reducing costs, physicians must make the same mistake repeatedly in the care of patients or many physicians must make the same mistake. This simply is not realistic. On those occasions where mistakes occur, they will continue to occur as they always have—a given physician caring for a given patient will either fail to do something he should or do something he should not. All of the patient audits that have ever or will ever be done could not correct this.

Out of curiosity several years ago, we set aside one month in the city of Glendale, California, and monitored the number of hours donated by physicians on hospital staffs in those functions not directly related to patient care. We had the man-hours donated for committee meetings and staff meetings tallied, specifically excluding the additional hours given by the officers of the staff and also excluding all educational activities. In the four major hospitals in Glendale, we averaged more than 300 man-hours per hospital per month donated in noncare services. This is, for the most part, wasted time. It is difficult to consider any other field in which this amount of time and effort would be donated gratis. As long as we are willing to do so, I believe the demand will increase endlessly. Only when the profession as a whole takes the stand that Dr. Wynn and I have taken in refusing to pursue these exercises of futility will they finally come to the end they so richly deserve.

GORDON BREITMAN, MD
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TO THE EDITOR: As chairman of the Quality Assurance Committee for the San Francisco Peer Review Organization (SFPRO), I would like to respond to the points raised in Dr. Thomas Wynn's letter in the May issue (Patient Care Audits Not Cost Effective).

First, many San Francisco physicians share his concern that some medical audit programs do not have an impact on quality of care and are nonproductive activities. However, there are mechanisms in place in some San Francisco hospitals which make this activity fruitful and meaningful for medical staffs, without an inordinate expenditure of time or money. By focusing on quality of care *problems* as the basis for audit topics, limiting the number of criteria items to a maximum of ten and audit samples to 20 to 30 cases, the costs of performing medical audits are substantially reduced. It is then the responsibility of the hospital medical staff and governing body to take corrective action and monitor those actions when quality of care problems are identified. This can occur in the majority of audits performed if actual or perceived problems are chosen at the outset of an audit study. This is why SFPRO is pushing the concept of generic screening (problem-oriented audit), which is being taught at the California Medical Association/California Hospital Association Audit Workshops.

It is unfortunate that Dr. Wynn's experience